

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

Narda Y Milligan  
James D Milligan  
Debtor(s)

Case No. 18 B 02625

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/30/2018.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was Dismissed on 09/04/2018.
- 6) Number of months from filing to last payment: 7.
- 7) Number of months case was pending: 11.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$1,645.77
Less amount refunded to debtor	\$470.22

**NET RECEIPTS:** **\$1,175.55**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$723.95
Court Costs	\$0.00
Trustee Expenses & Compensation	\$52.90
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$776.85**

Attorney fees paid and disclosed by debtor: \$350.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Americash Loans	Unsecured	774.59	NA	NA	0.00	0.00
Americash Loans	Unsecured	1,299.10	NA	NA	0.00	0.00
City of Chicago	Unsecured	200.00	NA	NA	0.00	0.00
Credit Acceptance	Unsecured	0.00	NA	NA	0.00	0.00
Credit Management Lp	Unsecured	0.00	NA	NA	0.00	0.00
Ingalls Hospital	Unsecured	6,754.63	NA	NA	0.00	0.00
Internal Revenue Service	Priority	1,784.08	10,648.43	10,648.43	0.00	0.00
Internal Revenue Service	Unsecured	488.33	514.43	514.43	0.00	0.00
MCSI Inc	Unsecured	0.00	NA	NA	0.00	0.00
Professional Dental Building	Unsecured	0.00	NA	NA	0.00	0.00
Progressive Direct	Unsecured	380.00	NA	NA	0.00	0.00
Regional Acceptance Corp	Secured	5,273.11	4,804.96	4,804.96	398.70	0.00
Sullivan Urgent Aid Centers	Unsecured	238.68	NA	NA	0.00	0.00
Village of Homewood	Unsecured	0.00	NA	NA	0.00	0.00
Vision Fin	Unsecured	0.00	NA	NA	0.00	0.00
Wellgroup Health Partners LLC	Unsecured	0.00	NA	NA	0.00	0.00

<b>Summary of Disbursements to Creditors:</b>			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$4,804.96	\$398.70	\$0.00
<b>TOTAL SECURED:</b>	<b>\$4,804.96</b>	<b>\$398.70</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$10,648.43	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$10,648.43</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$514.43</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Disbursements:</b>	
Expenses of Administration	<u>\$776.85</u>
Disbursements to Creditors	<u>\$398.70</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$1,175.55</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 12/31/2018

By: /s/ Marilyn O. Marshall

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.